

# **Memphis Police Department**



**Revised September 2008 am/5575**

## **Police Officer and Police Service Technician Application Packet**

**A C Wharton, Jr.  
Mayor**

**Larry A. Godwin  
Director of Police**



**Memphis Police Department  
Police Officer and Police Service Technician  
Application Packet**



**This packet contains the following information**

**High School transcript request form  
College transcript request form  
Personal History Statement  
Application for Employment Form**

**Read all information carefully and fill out all forms completely.**

**CONSEQUENCES OF FALSIFICATION**

**ANY willful misrepresentation or falsification given on ANY FORM herein is just cause for rejecting your application. It will also disqualify you from making application in the future for positions with the Memphis, Police Department. I also understand that these statements may subject me to termination.**

**For information contact a member of the Memphis Police Department Employment Team.**

**Memphis Police Department  
Employment Team  
4371 O. K. Robertson Road  
Memphis, TN 38127  
(901) 357-1700  
Recruiting: 1-800-318-4164 Background Investigations: 1-877-242-4325  
FAX: 354-1772 or 354-1773**

## HIGH SCHOOL TRANSCRIPT FORM

### INSTRUCTIONS TO APPLICANT:

1. Please read carefully and completely. Fill out the following requested information.
2. Take or mail this form to the High School from which you graduated. If you received a G.E.D., you may want to call first to see where your G.E.D. records are located. If the High School/Board of Education charges a fee for mailing your transcript to us, **YOU ARE RESPONSIBLE FOR PAYING THE FEE.**
3. Please have the High School/Board of Education mail your transcript or G.E.D. scores directly to the Memphis Police Department at the address listed below.
4. When the Memphis Police Department receives your transcript, it becomes the property of the City of Memphis and cannot be released to any other person or agency. It is your responsibility to contact the Employment Team to make sure it has received your transcript(s) by the stated deadline.

**NOTE: ALL TRANSCRIPTS/G.E.D. SCORES MUST BE RECEIVED AT THE MEMPHIS POLICE EMPLOYMENT TEAM OFFICE BY MAIL FROM YOUR HIGH SCHOOL/BOARD OF EDUCATION. TRANSCRIPTS DELIVERED IN PERSON OR MAILED BY YOU WILL NOT BE ACCEPTED.**

Detach the form provided below and mail to the High School that maintains your permanent transcript.

### NAME OF HIGH SCHOOL:

**TO WHOM IT MAY CONCERN:** I have applied for a position with the Memphis Police Department. I am requesting that you mail, along with this form, a copy of my official high school transcript (showing my graduation date) or my G.E.D. scores to the Memphis Police Department at the following address:

**Memphis Police Department  
Employment Team  
4371 O.K. Robertson Road  
Memphis, TN 38127**

My name is (Last, First, Middle):

My name at the time I attended your school was (Last, First, Middle):

My complete mailing address is (include city, state and zip code):

My home phone number: \_\_\_\_\_ My work phone# \_\_\_\_\_

My date of birth: \_\_\_\_\_ My Social Security # \_\_\_\_\_

I graduated on: \_\_\_\_\_ Class of \_\_\_\_\_ I received my G.E.D. on \_\_\_\_\_

**I UNDERSTAND THAT I WILL BE RESPONSIBLE FOR ANY FEE INCURRED AS PART OF THIS REQUEST. Signature: \_\_\_\_\_ Date: \_\_\_\_\_**

**\*\*\*PLEASE RETURN THIS FORM WITH TRANSCRIPT\*\*\***

## COLLEGE TRANSCRIPT REQUEST FORM

### INSTRUCTIONS TO APPLICANT:

1. Please read carefully and completely fill out the following requested information.
2. Take or mail this form to ALL Colleges/Universities you have attended. A transcript must be received from each college attended. If the College/University charges a fee for mailing your transcript to us, YOU ARE RESPONSIBLE FOR PAYING THE FEE.
3. Have each College/University mail your transcript directly to the Memphis Police Department at the address listed below. It is your responsibility to contact the Employment Team to make sure it has received your transcript(s) by the stated deadline.
4. When the Memphis Police Department receives your transcript, it becomes the property of the City of Memphis and cannot be released to any other person or agency.

**NOTE: ALL TRANSCRIPTS MUST BE RECEIVED AT THE MEMPHIS POLICE EMPLOYMENT TEAM OFFICE BY MAIL FROM THE COLLEGE/UNIVERSITY. TRANSCRIPTS DELIVERED IN PERSON OR MAILED BY YOU WILL NOT BE ACCEPTED.**

Detach the form provided below and mail to the College or University that maintains your permanent transcript.

### NAME OF COLLEGE OR UNIVERSITY:

**TO WHOM IT MAY CONCERN:** I have applied for a position with the Memphis Police Department. I am requesting that you mail a copy of my official school transcript to the Memphis Police Department at the following address:

**Memphis Police Department  
Employment Team  
4371 O.K. Robertson Road  
Memphis, TN 38127**

My name is: (Last, First, Middle):

My name at the time I attended your school was (Last, First, Middle):

My complete mailing address is (include city, state, and zip code):

My home phone # \_\_\_\_\_ My work phone # \_\_\_\_\_  
My date of birth: \_\_\_\_\_ My Social Security # \_\_\_\_\_  
I attended from: \_\_\_\_\_ To: \_\_\_\_\_  
Degree obtained: \_\_\_\_\_ Date: \_\_\_\_\_

**I UNDERSTAND THAT I WILL BE RESPONSIBLE FOR ANY FEE INCURRED AS PART OF MAKING THIS REQUEST. Signature: \_\_\_\_\_ Date: \_\_\_\_\_**

**\*\*\*PLEASE RETURN THIS FORM WITH TRANSCRIPT\*\*\***

**MEMPHIS POLICE DEPARTMENT  
PERSONAL HISTORY STATEMENT**

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**PLEASE READ: Answer each question on this form. Information must be HANDWRITTEN AND PRINTED IN BLACK INK (DO NOT TYPE). If additional information must be submitted in response to a specific question, please submit this information on additional sheets of 8 1/2" x 11" paper (NO SCRAP SHEETS) and attach them to this form. Precede each answer with the number and letter of the referenced section. DO NOT MISSTATE OR OMIT ANY FACTS, as all information is verified. ACCURACY IS ESSENTIAL. ANY FALSE STATEMENTS OR INFORMATION KNOWINGLY OMITTED IN THIS QUESTIONNAIRE IS JUST CAUSE FOR DENYING OR TERMINATING YOUR APPLICATION. There are to be no UNKNOWN or UNANSWERED questions when this form is completed and turned in. If a question or the information requested does not apply, indicate this by using the symbol N/A (not applicable). Should this questionnaire be UNSATISFACTORILY FILLED OUT, you will be rejected from further consideration.**

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**When the Personal History Statement is turned in, the following support documents MUST ALSO BE TURNED IN:**

- 1. A certified copy of your Birth Certificate for us to witness, and photo copy for us to retain**
- 2. Your original Driver's License for us to witness and photo copy for us to retain**
- 3. Your original Military DD214 (including character of discharge section), and any other discharge document(s), if applicable, for us to witness and a copy for us to retain.**
- 4. Active Reserves who currently attend Military Drills must submit a Military Letter of Good Standing. This letter can be obtained from a staff member upon receipt of your Application Packet. The applicant must also submit all original DD214 discharge documents as soon as they become available to the applicant.**
- 5. Applicants who have previously served in the Active Reserves MUST submit copy of their discharge papers, showing character of discharge from the Reserve Unit.**
- 6. All PST applicants must submit transcripts from ALL colleges attended.**

**FAILURE TO TURN IN THESE DOCUMENTS WILL RESULT IN YOUR APPLICATION BEING REJECTED BY THE MEMPHIS POLICE DEPARTMENT.**

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<b>I hereby certify that I have read and understand all of the above stated information.</b>	
<b>Signature</b> _____	<b>Date</b> _____

**This packet must be HANDWRITTEN IN BLACK INK (DO NOT TYPE).**

**\*\*Please Print\*\* If this application packet is NOT LEGIBLE, it WILL NOT be accepted.**

## 1. PERSONAL HISTORY

Date: \_\_\_\_\_ Position Applied For: \_\_\_\_\_

- A. Full Name (Last) (First) (Middle) Sex/Race Date of Birth
- B. Current Street Address Apt#. City State Zip Code
- C. \_\_\_\_\_  
Home Phone Work Phone Cell Phone Pager Number Work Hours Days Off
- D. Name and phone number of a neighbor or relative with whom you are in regular contact, where a message can be left for you.
- E. Are you a United States Citizen? \_\_\_ Yes \_\_\_ No
- Social Security Number Birthplace City State Country
- F. List any maiden name or any other names that you have ever used, including all married names or nicknames, etc. \_\_\_\_\_

Have you ever had your name changed? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, provide court documentation.  
Please provide copies of marriage licenses and/or divorce decrees.

- G. Marital Status \_\_\_\_\_ Single \_\_\_\_\_ Married \_\_\_\_\_ Divorced \_\_\_\_\_ Separated \_\_\_\_\_ Widowed
- H. Driver's License \_\_\_\_\_  
State Number Type or Classification
- Expiration Date Conditions (Corrective Lens, etc.)

## 2. FAMILY HISTORY

- A. Full Name of Present Spouse Maiden Name Age Date of Birth
- B. Present Employment of Spouse Address (City/State) Phone No.

C.

Full Name of <b>former</b> Spouse(s)	Maiden Name	Age	Date of Birth
<hr/>			
Address(City/State) of <b>former</b> Spouse(s)			

D. List **ALL** Children and Step-Children:

	Full Name	Address	Phone Number	Age	Date of Birth
1.					
2.					
3.					
4.					
5.	<hr/>				

E. List separately, Mother, Father, Step-Mother, and Step-Father:

1.	Full Name of Father	Age	Date of Birth
	Home Address (City/State/Zip)	Phone Number	
2.	Full Name of Mother	Age	Date of Birth
	Home Address (City/State/Zip)	Phone Number	
3.	Full Name of Step-Mother	Age	Date of Birth
	Home Address (City/State/Zip)	Phone Number	
4.	Full Name of Step-Father	Age	Date of Birth
	Home Address (City/State/Zip)	Phone Number	

5. List all persons who reside at your present residence:

Full Name	Age	Date of Birth
Full Name	Age	Date of Birth
Full Name	Age	Date of Birth
Full Name	Age	Date of Birth

3. RESIDENCE

A. Chronologically list all of your residences since your 18th birthday, regardless of the time you resided there, beginning with your present address and working backward. If in military service, list dates, branch and duty stations, to include off base residences. List addresses while attending school if away from home. Note when living with parents with an asterisk (\*)

FROM MO. / YR.	TO MO. / YR.	COMPLETE ADDRESS	CITY/ STATE	ZIP



#### 4. EDUCATION

SCHOOL NAME	LOCATION (City/State)	Attended: FROM – TO	Year of Graduation	CREDIT Hrs. or Degree
HIGH SCHOOL				
G.E.D.				
COLLEGE/ UNIV.				
GRADUATE SCHOOL				
TRADE/ BUSINESS/ OTHER SCHOOLS				

## **5. EMPLOYMENT**

On the following pages you will find employment reference sheets. It is very important that employment information be accurate.

- Please list your **ENTIRE** employment history.
- Include **ALL PART-TIME, TEMPORARY, and SEASONAL EMPLOYMENT**, regardless of time employed.
- **IF UNEMPLOYED FOR ANY LENGTH OF TIME, LIST DATES OF UNEMPLOYMENT.**
- **BEGIN WITH YOUR CURRENT EMPLOYMENT, OR MOST RECENT JOB, AND WORK BACKWARDS.**
- Employment history must cover from **HIGH SCHOOL GRADUATION TO PRESENT.**
- **LIST ALL AREA CODES AND ZIP CODES.**
- **MAKE SURE THAT ALL ADDRESSES AND PHONE NUMBERS ARE COMPLETE AND ACCURATE.**

If additional employment reference sheets are needed, please make photocopies prior to filling out any forms. If additional copies are needed contact:

**MEMPHIS POLICE TRAINING ACADEMY  
BACKGROUND INVESTIGATION UNIT  
4371 O.K. ROBERTSON ROAD, MEMPHIS, TN 38127  
(901)-357-1700 OR 1-877-242-4325  
FAX (901) 354-1772 OR FAX (901) 354-1773**

## 6. EMPLOYMENT TERMINATION

- A. Have you ever been dismissed, fired, or asked to resign from any employment or position you have held, knowing that you would be fired if you did not resign?

\_\_\_\_\_ YES \_\_\_\_\_ NO **If yes, explain below:**

### TERMINATIONS:

1. COMPANY NAME

STREET ADDRESS

DATES OF EMPLOYMENT: FROM \_\_\_\_\_ TO

POSITION \_\_\_\_\_ SUPERVISOR

PHONE NUMBER (    )

### **Termination # 1**

### **EXPLAIN IN DETAIL CIRCUMSTANCES OF TERMINATION**

TERMINATIONS:

2. COMPANY NAME

STREET ADDRESS

DATES OF EMPLOYMENT: FROM \_\_\_\_\_ TO

POSITION \_\_\_\_\_ SUPERVISOR

PHONE NUMBER (    )

**Termination # 2**

**EXPLAIN IN DETAIL CIRCUMSTANCES OF TERMINATION**

**\*ANY ADDITIONAL TERMINATIONS PLEASE USE A SEPARATE SHEET AND ATTACH.**

## Employment Reference Sheet

MAY WE CONTACT YOUR CURRENT EMPLOYER?

\_\_\_\_\_YES \_\_\_\_\_NO

- If the response is "NO" you will be required to provide proof of employment and dates of employment.
- You may also be required to provide proof and dates of any previous employment, including any periods of self-employment and unemployment

Name of Employer or Business:

Street Address:

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Employment: From: \_\_\_\_\_ to \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ Supervisor: \_\_\_\_\_

Position: \_\_\_\_\_ Work Duties: \_\_\_\_\_

Reason for Leaving (explain in detail) :

### **FOR INVESTIGATIVE USE ONLY**

POSTIVE \_\_\_\_\_ NEGATIVE \_\_\_\_\_ VERIFIED ONLY \_\_\_\_\_ NOT VERIFIED \_\_\_\_\_

PERSON INTERVIEWED: \_\_\_\_\_ TITLE \_\_\_\_\_

EXACT DATES OF EMPLOYMENT: FROM: \_\_\_\_/\_\_\_\_/\_\_\_\_ TO: \_\_\_\_/\_\_\_\_/\_\_\_\_

POSITION HELD: \_\_\_\_\_ ELIGIBLE FOR REHIRE: YES \_\_\_\_ NO \_\_\_\_

ADDITIONAL COMMENTS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

INVESTIGATOR: \_\_\_\_\_ DATE: \_\_\_\_\_

## Employment Reference Sheet

Name of Employer or Business:

Street Address:

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Employment: From: \_\_\_\_\_ to \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ Supervisor:

Position: \_\_\_\_\_ Work Duties:

Reason for Leaving (explain in detail) :

### **FOR INVESTIGATIVE USE ONLY**

POSTIVE \_\_\_\_\_ NEGATIVE \_\_\_\_\_ VERIFIED ONLY \_\_\_\_\_ NOT VERIFIED \_\_\_\_\_

PERSON INTERVIEWED: \_\_\_\_\_ TITLE \_\_\_\_\_

EXACT DATES OF EMPLOYMENT: FROM: \_\_\_\_/\_\_\_\_/\_\_\_\_ TO: \_\_\_\_/\_\_\_\_/\_\_\_\_

POSITION HELD: \_\_\_\_\_ ELIGIBLE FOR REHIRE: YES \_\_\_\_ NO \_\_\_\_

ADDITIONAL COMMENTS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

INVESTIGATOR: \_\_\_\_\_ DATE: \_\_\_\_\_

## Employment Reference Sheet

Name of Employer or Business:

Street Address:

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Employment: From: \_\_\_\_\_ to \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ Supervisor:

Position: \_\_\_\_\_ Work Duties:

Reason for Leaving (explain in detail) :

### **FOR INVESTIGATIVE USE ONLY**

POSTIVE\_\_\_\_\_NEGATIVE\_\_\_\_\_VERIFIED ONLY\_\_\_\_\_NOT VERIFIED\_\_\_\_\_

PERSON INTERVIEWED:\_\_\_\_\_TITLE\_\_\_\_\_

EXACT DATES OF EMPLOYMENT: FROM:\_\_\_\_/\_\_\_\_/\_\_\_\_TO:\_\_\_\_/\_\_\_\_/\_\_\_\_

POSITION HELD:\_\_\_\_\_ELIGIBLE FOR REHIRE: YES\_\_\_NO\_\_\_

ADDITIONAL COMMENTS:\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

INVESTIGATOR:\_\_\_\_\_DATE:\_\_\_\_\_

## Employment Reference Sheet

Name of Employer or Business:

Street Address:

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Employment: From: \_\_\_\_\_ to \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ Supervisor:

Position: \_\_\_\_\_ Work Duties:

Reason for Leaving (explain in detail) :

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### **FOR INVESTIGATIVE USE ONLY**

POSTIVE \_\_\_\_\_ NEGATIVE \_\_\_\_\_ VERIFIED ONLY \_\_\_\_\_ NOT VERIFIED \_\_\_\_\_

PERSON INTERVIEWED: \_\_\_\_\_ TITLE \_\_\_\_\_

EXACT DATES OF EMPLOYMENT: FROM: \_\_\_\_/\_\_\_\_/\_\_\_\_ TO: \_\_\_\_/\_\_\_\_/\_\_\_\_

POSITION HELD: \_\_\_\_\_ ELIGIBLE FOR REHIRE: YES \_\_\_\_ NO \_\_\_\_

ADDITIONAL COMMENTS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

INVESTIGATOR: \_\_\_\_\_ DATE: \_\_\_\_\_



## Employment Reference Sheet

Name of Employer or Business:

Street Address:

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Employment: From: \_\_\_\_\_ to \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ Supervisor: \_\_\_\_\_

Position: \_\_\_\_\_ Work Duties: \_\_\_\_\_

Reason for Leaving (explain in detail) :

### **FOR INVESTIGATIVE USE ONLY**

POSTIVE \_\_\_\_\_ NEGATIVE \_\_\_\_\_ VERIFIED ONLY \_\_\_\_\_ NOT VERIFIED \_\_\_\_\_

PERSON INTERVIEWED: \_\_\_\_\_ TITLE \_\_\_\_\_

EXACT DATES OF EMPLOYMENT: FROM: \_\_\_\_/\_\_\_\_/\_\_\_\_ TO: \_\_\_\_/\_\_\_\_/\_\_\_\_

POSITION HELD: \_\_\_\_\_ ELIGIBLE FOR REHIRE: YES \_\_\_\_ NO \_\_\_\_

ADDITIONAL COMMENTS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

INVESTIGATOR: \_\_\_\_\_ DATE: \_\_\_\_\_

## Employment Reference Sheet

Name of Employer or Business:

Street Address:

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Employment: From: \_\_\_\_\_ to \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ Supervisor:

Position: \_\_\_\_\_ Work Duties:

Reason for Leaving (explain in detail) :

### **FOR INVESTIGATIVE USE ONLY**

POSTIVE\_\_\_\_\_NEGATIVE\_\_\_\_\_VERIFIED ONLY\_\_\_\_\_NOT VERIFIED\_\_\_\_\_

PERSON INTERVIEWED:\_\_\_\_\_TITLE\_\_\_\_\_

EXACT DATES OF EMPLOYMENT: FROM:\_\_\_\_/\_\_\_\_/\_\_\_\_TO:\_\_\_\_/\_\_\_\_/\_\_\_\_

POSITION HELD:\_\_\_\_\_ELIGIBLE FOR REHIRE: YES\_\_\_NO\_\_\_

ADDITIONAL COMMENTS:\_\_\_\_\_

\_\_\_\_\_

INVESTIGATOR:\_\_\_\_\_DATE:\_\_\_\_\_

## Employment Reference Sheet

Name of Employer or Business:

Street Address:

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Employment: From: \_\_\_\_\_ to \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ Supervisor:

Position: \_\_\_\_\_ Work Duties:

Reason for Leaving (explain in detail) :

### **FOR INVESTIGATIVE USE ONLY**

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PERSON INTERVIEWED: \_\_\_\_\_ TITLE \_\_\_\_\_

EXACT DATES OF EMPLOYMENT: FROM: \_\_\_\_/\_\_\_\_/\_\_\_\_ TO: \_\_\_\_/\_\_\_\_/\_\_\_\_

POSITION HELD: \_\_\_\_\_ ELIGIBLE FOR REHIRE: YES \_\_\_\_ NO \_\_\_\_

ADDITIONAL COMMENTS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

INVESTIGATOR: \_\_\_\_\_ DATE: \_\_\_\_\_

## Employment Reference Sheet

Name of Employer or Business:

Street Address:

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Employment: From: \_\_\_\_\_ to \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ Supervisor:

Position: \_\_\_\_\_ Work Duties:

Reason for Leaving (explain in detail) :

### **FOR INVESTIGATIVE USE ONLY**

POSTIVE \_\_\_\_\_ NEGATIVE \_\_\_\_\_ VERIFIED ONLY \_\_\_\_\_ NOT VERIFIED \_\_\_\_\_

PERSON INTERVIEWED: \_\_\_\_\_ TITLE \_\_\_\_\_

EXACT DATES OF EMPLOYMENT: FROM: \_\_\_\_/\_\_\_\_/\_\_\_\_ TO: \_\_\_\_/\_\_\_\_/\_\_\_\_

POSITION HELD: \_\_\_\_\_ ELIGIBLE FOR REHIRE: YES \_\_\_\_ NO \_\_\_\_

ADDITIONAL COMMENTS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

INVESTIGATOR: \_\_\_\_\_ DATE: \_\_\_\_\_

## Employment Reference Sheet

Name of Employer or Business:

Street Address:

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Employment: From: \_\_\_\_\_ to \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ Supervisor:

Position: \_\_\_\_\_ Work Duties:

Reason for Leaving (explain in detail) :

### **FOR INVESTIGATIVE USE ONLY**

POSTIVE \_\_\_\_\_ NEGATIVE \_\_\_\_\_ VERIFIED ONLY \_\_\_\_\_ NOT VERIFIED \_\_\_\_\_

PERSON INTERVIEWED: \_\_\_\_\_ TITLE \_\_\_\_\_

EXACT DATES OF EMPLOYMENT: FROM: \_\_\_\_/\_\_\_\_/\_\_\_\_ TO: \_\_\_\_/\_\_\_\_/\_\_\_\_

POSITION HELD: \_\_\_\_\_ ELIGIBLE FOR REHIRE: YES \_\_\_\_\_ NO \_\_\_\_\_

ADDITIONAL COMMENTS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
INVESTIGATOR: \_\_\_\_\_ DATE: \_\_\_\_\_

## 7. VEHICLE INFORMATION

- A. List all vehicles that you own and/or drive for personal use. (Include vehicle belonging to parents or others with whom you reside).

YEAR	MAKE	MODEL	COLOR	AUTO TAG #	STATE	OWN/ BUYING

## 8. DRUG HISTORY

- A. Are you currently using any kinds of drugs or controlled substances not prescribed by a physician?  
 \_\_\_\_\_ YES \_\_\_\_\_ NO **If yes, explain:**

- B. Drug/Narcotic Information ( Explain any "YES" answer in "Comments" section)

Yes	NO	
_____	_____	1. Have you ever tried, used, puffed, experimented, taken orally or injected any drug or narcotic ?
_____	_____	2. Have you ever tried or used marijuana? _____ If yes, how many times have you tried _____, puffed _____, or used marijuana _____?
_____	_____	3. Have you ever tried or used hashish?
_____	_____	4. Have you ever tried or used heroin?
_____	_____	5. Have you ever tried or used cocaine?
_____	_____	6. Have you ever tried or used LSD or any other hallucinogen?
_____	_____	7. Have you ever tried or used speed, amphetamine, ecstasy, or methphetamines?
_____	_____	8. Have you ever tried or used downers, barbiturates or mandrax?
_____	_____	9. Have you ever used any prescription drugs not intended for you?
_____	_____	10. Have you ever used anabolic steroids?
_____	_____	11. Have you ever tried or used any other illegal drug or narcotic?
_____	_____	12. Have you ever sold marijuana?
_____	_____	13. Have you ever sold any illegal drugs or narcotics?

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_____	_____	14. Have you ever been present when others were using marijuana?
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- \_\_\_\_\_ 15. Have you ever been present when others were using illegal drugs or narcotics ?
- \_\_\_\_\_ 16. Have you ever altered a prescription given to you by a doctor?
- \_\_\_\_\_ 17. Have you ever taken a substance not knowing what it was?
- \_\_\_\_\_ 18. Have you ever inhaled paint, gases, glues, or other abusable chemicals?
- \_\_\_\_\_ 19. Have you ever obtained a drug from an altered prescription?

**Comments** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## **9. MILITARY RECORD**

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A. Have you ever been on active duty in the Armed Forces of the United States?

\_\_\_\_\_ YES \_\_\_\_\_ NO **If yes:**

B. Branch of Military Service

C. Type of Discharge \_\_\_\_\_ **If other than Honorable, explain:**

D. Dates of Active Duty (Month, Day, and Year) FROM \_\_\_\_\_ TO

E. Have you ever been, or are you currently, a member of a **Reserve Unit** \_\_\_\_\_ YES \_\_\_\_\_ NO  
or **National Guard Unit?** \_\_\_\_\_ YES \_\_\_\_\_ NO

If yes, Branch \_\_\_\_\_ Ready \_\_\_\_\_ Standby/RR

Date of Discharge: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

F. Are you currently active in the military? \_\_\_\_\_ YES \_\_\_\_\_ NO

If yes, what is your anticipated release date

G. If you were in the military, were you ever court-martialed?

\_\_\_\_\_ YES \_\_\_\_\_ NO

If yes, explain:



Did you ever have **ANY** type of disciplinary action taken against you while in the military (this includes Article 15, Captain's Mast, etc)? \_\_\_\_\_ YES \_\_\_\_\_ NO

If yes, explain:

## 10. COURT RECORD

A. Have you ever been **arrested** as an adult or a juvenile (arrest is defined as being taken into custody and transported to a jail/detention facility) or **charged** with a crime as an **adult or a juvenile** (charged with a crime means issued a misdemeanor citation, a juvenile summons, an adult summons, arrested on a warrant, or indicted by a grand jury)?

\_\_\_\_\_ YES \_\_\_\_\_ NO

B. List **ALL** times you have been arrested or had criminal charges placed against you, including a detailed explanation of the circumstances (use attached sheets). You must list **ALL** arrests or charges even if they were dropped or did not result in a conviction and even if the public records of the arrest or charges were expunged and erased and even if you have been told that you do not have to admit to arrests or charges which have been expunged or erased. An independent investigation of your criminal history will be conducted and, **if arrests or charges are found which you did not report, your application will be rejected due to untruthfulness.**

DATE	CITY/STATE	CHARGES	CIRCUMSTANCES	DISPOSITION OF CASE

C. Has your Driver's License ever been suspended, cancelled, or revoked?

\_\_\_\_\_YES \_\_\_\_\_NO If yes, please explain:

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Have you ever had a Driver's License in any other state?

\_\_\_\_\_YES \_\_\_\_\_NO IF yes, which state(s), list license number if known:

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**TRAFFIC TICKETS:**

DATE	CITY/STATE	CHARGES	DISPOSITION OF CASE

## 11. MISCELLANEOUS

- A. Based on your religion, are there any special considerations you might request as to the handling of a firearm or days off? \_\_\_\_\_ YES \_\_\_\_\_ NO

If yes, explain:

- B. List all relatives employed by the City of Memphis Government, including the Memphis Police Department.

**FULL NAME**

**RELATIONSHIP**

**WHERE ASSIGNED**

- C. Are you currently, or have you ever been, an employee of the City of Memphis or Shelby County Government? \_\_\_\_\_ YES \_\_\_\_\_ NO. If yes, list what agency, dates of employment, position, and designate whether or not you were a permanent employee, temporary employee, reserve, or volunteer.

- D. Have you previously submitted an application for employment or tested for the **Memphis Police Department or any other law enforcement agency**? \_\_\_\_\_ YES \_\_\_\_\_ NO. If yes, list what agency, dates of employment, position held, and designate whether or not you were a permanent employee, temporary employee, reserve, or volunteer.

AGENCY	DATE	POSITION	RESULT

E. Do you currently possess a Special Officer's (Security Guard) Commission?  
\_\_\_\_\_ YES \_\_\_\_\_ NO. If yes, list agency issuing commission:

Company Name	Address	Phone	Date of Commission
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F. Do you currently possess a valid gun permit? YES\_\_\_\_\_ NO\_\_\_\_\_

G. Have you ever submitted to a polygraph test? \_\_\_\_\_ YES \_\_\_\_\_ NO If yes, explain:

H. Are you presently involved or have knowledge that you might become involved in any criminal or civil lawsuits? \_\_\_\_\_ YES \_\_\_\_\_ NO. If yes, explain:

## 12. REFERENCES

- A. **List three (3) references who are responsible adults of reputable standing in their community, who you HAVE KNOWN WELL FOR AT LEAST THREE YEARS, AND WHO KNOW YOU.** References CANNOT be relatives, former employers, or present employers. You MUST include their full names, COMPLETE home address and business address (include city, state, zip code), and correct home or business telephone numbers (including area code) where **they may be contacted Monday through Friday during normal business hours:**

1. \_\_\_\_\_ / \_\_\_\_\_  
Full Name (Last) (First) (Middle) Years Known

\_\_\_\_\_  
Current Street Address Apt# City State Zip Code

\_\_\_\_\_  
Employment Address City State Zip Code

\_\_\_\_\_  
Home Phone / Work Phone / Cell Phone / Pager Number

2. \_\_\_\_\_ / \_\_\_\_\_  
Full Name (Last) (First) (Middle) Years Known

\_\_\_\_\_  
Current Street Address Apt# City State Zip Code

\_\_\_\_\_  
Employment Address City State Zip Code

\_\_\_\_\_  
Home Phone / Work Phone / Cell Phone / Pager Number

3. \_\_\_\_\_ / \_\_\_\_\_  
Full Name (Last) (First) (Middle) Years Known

\_\_\_\_\_  
Current Street Address Apt# City State Zip Code

\_\_\_\_\_  
Employment Address City State Zip Code

\_\_\_\_\_  
Home Phone / Work Phone / Cell Phone / Pager Number

### 13. APPLICATION PROCESS

- A. If you are applying for the position of Police Officer, and fail to meet the minimum requirements, of age and/or college/experience, do you want to be considered for the position of Police Service Technician (PST)?  
\_\_\_\_\_YES \_\_\_\_\_NO
- B. If you are applying for the position of Police Service Technician (PST) and we discover that you currently qualify for the position of Police Officer, do you want to be considered for the position of Police Officer?  
\_\_\_\_\_YES \_\_\_\_\_NO

**I hereby certify that ALL statements made on this application are TRUE and CORRECT to the best of my knowledge. I hereby further certify this application contains no willful misrepresentations or falsifications. I further acknowledge that should any investigation (both pre and post employment) at anytime reveal or disclose any such misrepresentations or falsifications, my application will be rejected and my name may be removed from the employment list. I cannot reapply with the Memphis Police Department because of such false and misleading statements. I also understand that these statements may subject me to termination.**

**DO NOT WRITE BELOW THIS DOUBLE LINE**

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Received By: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR EMPLOYMENT TEAM USE ONLY  
RIGHT THUMB**

**MEMPHIS POLICE DEPARTMENT  
EMPLOYMENT TEAM  
AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION**

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I, \_\_\_\_\_ do hereby authorize a review of and full disclosure of all records concerning myself to any duly authorized agent of the City of Memphis Police Department, whether the said records are public, private, or confidential in nature.

The intent of this authorization is to **give my consent for full and complete disclosure** of the records of educational institutions; medical and psychiatric treatment and/or consultation, including hospitals, clinics, private practitioners, and the U.S. Veteran's Administration; employment and pre-employment records; complaints or grievances filed by or against me; the records and recollections of attorneys at law or of other counsel, whether representing me or another person in any case, whether criminal or civil, in which I presently have, or have had an interest. This waiver also gives authority to release law enforcement or criminal records or information from a law enforcement agency.

I understand that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or in part, upon this release authorization, will be considered in determining my suitability for employment by the City of Memphis Police Department. I also certify that any person(s) who may provide such information concerning me shall not be held accountable for providing said information, and **I do hereby release said person(s) from any and all liability** which may be incurred as a result of providing such information.

A copy of this release form will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

Signature (include maiden name)

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_

**\*\*This form MUST BE NOTARIZED by a notary before your application will be accepted. THIS FORM MUST BE SIGNED IN FRONT OF THE NOTARY.**

Sworn to and Subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

State of \_\_\_\_\_ County of \_\_\_\_\_

\_\_\_\_\_  
NOTARY

My Commission Expires: \_\_\_\_\_

